

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062055

Entity Name: COCONUT 41, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

9130 CORSEN DEL FONTANA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9130 CORSEN DEL FONTANA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3296470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'JAMOOS, JENNIFER
9130 CORSEN DEL FONTANA WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: D'JAMOOS, ELIZABETH
Address: 9130 CORSEN DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

Title: V () Delete
Name: D'JAMOOS, ANDREW
Address: 9130 CORSEN DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

Title: ST () Delete
Name: D'JAMOOS, JENNIFER
Address: 9130 CORSEN DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNIFER D'JAMOOS

ST

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date